

Personal Health Service Limited

The Cadogan Clinic

Inspection report

120 Sloane Street
London
SW1X 9BW
Tel: 02079018502
www.cadoganclinic.com

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services well-led?

Inspected but not rated



Summary of findings

Overall summary

As this was a focused inspection, we did not rate the service. We found the service had made improvements and identified the following good practice:

- Compliance with The World Health Organisation's Five Steps to Safer Surgery (WHO) checklist had improved since our last inspection. For general anaesthetic procedures, we observed all staff to be fully engaged with the WHO checklist and comply with all five steps. For local anaesthetic procedures, the provider had introduced a modified version of the checklist and all staff had received training on its use.
- Staff followed infection control principles to reduce the risk of cross-infection. The service took appropriate measures to reduce the risk of COVID-19 transmission.

However:

- For local anaesthetic procedures, further work was needed to ensure the WHO checklist was embedded into practice and audited effectively.
- We observed differences in how the WHO checklist was completed for general anaesthetic procedures.
- We observed some confusion amongst staff when counting items during surgery.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Inspected but not rated 	Cosmetic surgery was the main activity of the hospital. As this was a focused inspection, we did not rate the service.

Summary of findings

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Summary of this inspection

Background to The Cadogan Clinic

The Cadogan Clinic is operated by Personal Health Service Limited. The hospital opened in 2008 and is located in Chelsea, London. The hospital primarily serves the communities of London but accepts patient referrals from outside this area. Facilities include three operating theatres, a two-bedded recovery area, consulting rooms and diagnostic facilities.

The hospital provides cosmetic surgery, outpatients and diagnostic imaging to adults. The hospital provides some services for children and young people including consultation services and minor procedures under local anaesthetic. The hospital also offers cosmetic procedures, such as dermal fillers and laser hair removal, that are not within our scope of regulation and therefore were not inspected as part of this inspection.

The current registered manager has been in post since 2016. The hospital is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder or injury.

Activity

- From June 2020 to May 2021, the hospital carried out 3,153 surgical procedures, of which 1,540 were under general anaesthetic and 1,613 were under local anaesthetic.
- From June 2020 to May 2021, the hospital reported 17,020 outpatient attendances.

As of May 2021, 51 plastic surgeons, 60 anaesthetists, seven dermatologists, three gynaecologists, two vascular surgeons and two podiatrists worked at the hospital under practising privileges. The Cadogan Clinic employed 13 registered nurses, one operating department practitioner, six health care assistants and 32 administrative and clerical staff. The hospital also had its own bank of registered nurses, operating department practitioners and health care assistants. The accountable officer for controlled drugs was the registered manager.

The Cadogan Clinic has been inspected twice before, in December 2016 and in October 2020. The October 2020 inspection took place using our focussed inspection methodology, looking specifically at the concerns raised at the December 2016 inspection, as well as the provider's pre-operative and post-operative processes. Following the October 2020 inspection, we issued the provider with a Warning Notice for failing to comply with Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was required to implement changes to meet the requirements set out in the Warning Notice by January 2021.

How we carried out this inspection

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in cosmetic surgery. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

Summary of this inspection

We inspected the service on 13 May 2021 using our focussed inspection methodology. We inspected the service to determine whether the provider was now compliant with the requirements set out in the Warning Notice issued in October 2020. As this was a focused inspection, we did not rate the service.

During this inspection, we visited the hospital's three theatres. We spoke with 10 members of staff including registered nurses, medical staff, operating department practitioners, and senior managers. We spoke with one patient.

You can find information about how we carry out our inspections on our website:

<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

Areas for improvement

Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure The World Health Organisation's Five Steps to Safer Surgery checklist is standardised and embedded into clinical practice.
- The service should ensure its audit process effectively identifies compliance with The World Health Organisation's Five Steps to Safer Surgery checklist for local anaesthetic procedures.
- The service should ensure all staff know how to effectively count items during surgery.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Inspected but not rated	Not inspected	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated
Overall	Inspected but not rated	Not inspected	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated

Surgery

Safe

Inspected but not rated 

Well-led

Inspected but not rated 

Are Surgery safe?

Inspected but not rated 

This inspection focused on specific areas of safety. We did not rate the safe domain.

Cleanliness, infection control and hygiene

Staff followed infection control principles to reduce the risk of cross-infection. The service took appropriate measures to reduce the risk of COVID-19 transmission.

All areas visited were visibly clean and tidy. Signed cleaning schedules were in place and staff cleaned the departments daily. Hand sanitiser points were widely available to encourage good hand hygiene practice, and we saw staff washing their hands before and after contact with patients.

Personal protective equipment (PPE), such as gloves and aprons, were accessible for staff in all clinical areas. Wearing PPE reduces the risk of cross-infection when providing care. With one exception, we saw staff using PPE appropriately.

The service took appropriate measures to reduce the risk of COVID-19 transmission. Patients and visitors had their temperature checked on entry. We observed staff and patients adhering to social distancing measures and wearing face masks in waiting areas. All staff, clinical and non-clinical areas had been risk assessed for vulnerability to COVID-19, and mitigations had been put in place where needed.

Assessing and responding to patient risk

Compliance with The World Health Organisation's Five Steps to Safer Surgery checklist had improved since our last inspection. However, further work was needed to ensure the process was embedded for local anaesthetic procedures.

The World Health Organisation's (WHO) Five Steps to Safer Surgery is a surgical safety checklist, made up of five steps: briefing, sign-in, timeout, sign-out and debriefing. The checklist is designed to be completed for all surgical procedures, in order to reduce the risk of patient complication and mortality. At our last inspection in October 2020, we found that staff were not consistently completing all five steps of the checklist for all surgical procedures. As part of this inspection, we observed three general anaesthetic procedures and three local anaesthetic procedures.

For general anaesthetic procedures, we found compliance with the WHO's surgical safety checklist had improved since our last inspection. We observed all staff to be fully engaged with the WHO checklist and comply with all five steps. Specifically, we observed staff complete a briefing before the induction of anaesthesia, sign in, time out, sign out and debrief.

Surgery

A surgical count or swab count is the manual process of counting items used during surgery. The process is designed to prevent an item being retained in a patient during surgery. During two general anaesthetic procedures, we observed some confusion amongst staff undertaking the swab count. Staff had to re-count the items several times before confirming that all items were accounted for. The surgeon leading the procedure also observed the confusion and raised it during step five of the WHO checklist, staff debrief. This demonstrated an improvement since the last inspection as staff were now using the fifth step of the checklist effectively, reflecting on what had went well during the procedure and what could be improved.

However, we did observe differences in how the WHO checklist was completed for general anaesthetic procedures, such as when each step was completed. We raised this finding with the registered manager during the inspection. Following the inspection, the registered manager updated the provider's WHO checklist policy to ensure staff were clear when each step should be completed and who should lead each step.

For local anaesthetic procedures, we also found the service had made improvements since our last inspection. The provider had developed an electronic, modified version of the WHO's surgical safety checklist, which was incorporated into each patient's consent documentation. Staff had received training on how to complete the checklist and there were posters on the walls reminding staff to complete this. Staff we spoke with were aware of these changes and the need to complete the modified checklist.

However, this process was not fully embedded. Of the three local anaesthetic procedures we observed, we only observed one procedure where the checklist was clearly completed and documented in full. In two procedures, we did not see steps three (time out) and four (sign out) of the checklist take place. We raised our findings with the registered manager during the inspection. Following our inspection, the provider appointed a member of staff to lead on WHO checklist compliance and hired an external advisor to help embed the process.

Are Surgery well-led?

Inspected but not rated 

This inspection focused on specific areas of leadership. We did not rate the well-led domain.

Managing risks, issues and performance

Leaders used a programme of clinical audits to monitor compliance with safety standards. However, the audit process to identify compliance with The World Health Organisation's Five Steps to Safer Surgery checklist for local anaesthetic procedures needed strengthening.

There was a programme of clinical audits across the service, which meant senior staff could monitor compliance with safety standards. The service audited staff compliance with the WHO checklist on a monthly basis. The service monitored compliance by both reviewing the checklist records retrospectively and physically observing compliance. Audit results from April 2021 showed that staff were 92% compliant in both the retrospective audit and the observational audit. However, as the results of this audit differed to what we observed during inspection, we were not assured the audit accurately captured compliance. Where audits had been carried out, there was evidence that service leads had used the results to implement improvements and changes to the service. The provider had developed a WHO checklist action plan to monitor improvements.